

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - <u>1099B</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Paul E Leonard</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>4229 Sheridan Rd.</u>  City <u>Pekin</u>  State <u>Illinois 61554</u> ZIP Code + 4 <u>9726</u>	4. Name, file number, and address of labor organization. Name <u>Mid-Central Ill Regional Council</u> <u>of Carpenters</u> Labor Organization File Number <u>309324</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>#1 Kalmia Way</u>  City <u>Springfield</u>  State <u>Illinois 62702</u> ZIP Code + 4 <u>1057</u>
5. Position in labor organization. <u>Trustee for the CIC Health &amp; Welfare Trust Fund</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin-left: auto; margin-right: auto;"></div>
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**Signature**

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul E. Leonard

On

08-13-05

Date \_\_\_\_\_

309

387-2382

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  CIC Health & Welfare Trust Fund

Trade Name, if any:  Carpenters Insurance

P.O. Box, Bldg., Room No., if any

Street  200 S. Madigan Drive

City  Lincoln

State  Illinois 62656 ZIP Code + 4  9601

## 11.a. Nature of such dealing.

International Foundation Meeting  
Lake Buene Vista, Fl.

11.b. Approximate dollar value of such dealing. \$2,346.00

## 12.a. Nature of interest held or income received.

Expenses for the Foundation Meeting

12.b. Amount. \$2,346.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

CENTRAL ILLINOIS CARPENTERS  
HEALTH AND WELFARE TRUST FUND

TRUSTEE EXPENSE VOUCHER

Name of Trustee Paul E. Leonard Address 4229 Sheridan Rd. Pekin, IL  
 Nature of Meeting Foundation Meeting  
 Location of Meeting Lake Buena Vista, Fl. Date(s) February 22-25, 2004  
 Meeting Sponsored by International Foundation

	DAY	SUN	MON	TUE	WED	THURS	FRI	SAT	TOTAL
	DATE	Feb 22	Feb 23	Feb 24	Feb 25	Feb 26		Feb 21	
BREAKFAST		21.00	42.00	42.00	21.00	14.00		17.00	157.00
LUNCH		9.00	18.00	17.50	18.00	9.00		12.00	83.50
DINNER		24.00	39.00	41.00	45.00	12.00		22.00	183.00
LODGING		241.98	241.98	241.98	241.98				967.92
AIRFARE									0
AUTOMOBILE EXPENSE (at cents per mile)		.375	X 2,279	miles					854.63
LIMO-TAXI-BUS									0
CAR RENTAL									0
BEVERAGES		9.50	11.00	18.00	14.50	3.75		23.00	79.75
TIPS Bellman		10.00				10.00			20.00
PARKING									0
TOTAL		315.48	351.98	360.48	340.48	48.75		74.00	\$ 2,345.80

Attach receipt of any single item of  
\$25.00 or more.

Number of days spent on this Trust Fund  
activity including travel days six.

LESS AMOUNT RECEIVED IN ADVANCE	\$ 2,617.92
AMOUNT OWED ME	
AMOUNT OWED TRUST FUND	\$ 272.12

I hereby certify that the expenses detailed on this voucher are the proper and actual expenses which I incurred in connection with the Trust Fund activity noted above.

April 20, 2004  
DATE

Paul E. Leonard  
SIGNATURE

# CENTRAL ILLINOIS CARPENTERS

## *Health and Welfare Trust Fund*

July 6, 2005

Mr. James Dalluge  
Executive Secretary-Treasurer  
Mid-Central Illinois  
Regional Council of Carpenters  
#1 Kalmia Way  
Springfield, IL 62702

**RECEIVED**

JUL 7 2005

MID CENTRAL ILLINOIS  
REGIONAL COUNCIL

RE: LM-30 Reporting Notices for Trustees

Dear Jim:

Listed below are trustees who were notified of expense information for the calendar year ending December 31, 2004, for use in filing their LM-30 reports:

Mr. Don Alsman  
Mr. Dan Smallwood  
Mr. Paul Leonard

Please contact me if you have any questions or need further information.

Sincerely,



Charlotte A. Krautwald  
Administrative Manager

CAK:kt

